King County

Action Plan for the Treatment of Chronic Mental Illness and Chemical Dependency: Phase 1 September 1, 2006

Background

In April 2006, King County Executive Ron Sims asked the Department of Community and Human Services (DCHS) to convene a workgroup to identify service system needs, and possible ways of addressing those needs, for individuals impacted by mental illness and chemical dependency. The workgroup was facilitated and staffed by Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), and included representatives from DCHS, the King County Council, Superior Court, District Court, DCHS Community Services Division, Office of Management and Budget, Jail Health Services, Department of Adult and Juvenile Detention, Judicial Administration, Community Corrections, Office of the Prosecuting Attorney, and Office of the Public Defender. The workgroup met during the months of April, May and June. There was in-depth discussion of service system needs and problems and the workgroup identified a number of new services and programs, as well as improvements and enhancements to existing programs.

On July 24, 2006, the King County Council approved Motion 12320 calling for the development of an action plan to "prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services."

The first phase of the action plan is to address steps that can be taken in the next six months to initiate development of a full continuum of services. The following describes the service and housing improvements needed to achieve the full continuum of services, as well as those improvements that can be made in the near future with available and potentially available resources.

System Needs

1. A large number of adults and juveniles enter the criminal justice system due to mental illness and/or chemical abuse and dependency. The criminalization of mental illness is recognized as a nationwide problem. Nationally, an estimated 16 percent of adults and 24 percent of juveniles in county and city jails suffer from a mental illness. About six percent of adults in jail have a serious mental illness. The percentage of adults and juveniles in jails who have a chemical dependency problem is much higher, with

estimates ranging from 60 to 80 percent. Many individuals suffer from a co-occurring mental illness and chemical dependency disorders. An epidemiological study conducted in 1998 by King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) found that adults in the mental health system who abused drugs and alcohol were five times as likely to have been incarcerated as those who did not abuse drugs and alcohol.

2. Once in jail, adults who are mentally ill stay in jail longer than individuals who do not have a mental illness. A study recently conducted by the King County Department of Adult and Juvenile Detention found that the average offender who remains in jail more than 72 hours has an average length of stay of 12 days for misdemeanor offenses and 24 days for felony offenses. If the offender has a mental illness, the average length of stay is 158 days. In addition, the daily cost of care while in the jail is much higher for the mentally ill population than for the non-mentally ill population, due to the additional staff needed to observe and keep safe individuals who are at greater risk for suicide, and to the extra costs for psychiatric services and medications.
3. Individuals with mental illness and chemical dependency are frequent users of expensive hospital emergency room services. A July 2004 study conducted by the Washington State Department of Social and Health Services (DSHS) found that 94 percent of clients who visited hospital emergency rooms in King County 21 times or more in fiscal year 2002 had a diagnosis of either a mental illness, or a chemical dependency, or both. The cost for emergency room services alone for these 125 individuals was over $3.2 million in FY2002.
4. More than 8000 people are homeless in King County each night, and many of them have mental illness, chemical dependency, or both. A 1998 King County study found that individuals enrolled in mental health services that were homeless were four times as likely to be incarcerated as those who had housing. Less than 30 percent of homeless persons served in the public mental health system are able to secure housing within one year of beginning services. As the cost of housing skyrockets in King County, it is increasingly difficult for people on limited incomes to find affordable housing. For individuals whose sole source of income is public assistance related to a disability, affordable housing is virtually nonexistent unless they are fortunate enough to obtain subsidized public housing and find a landlord willing to accept them with this subsidy.
5. A study of children's health in Washington conducted in 2003 by DSHS found that eight percent of Washington's children needed mental health services, but only 43 percent of those children actually received them. Only 20 percent of youth who need chemical dependency treatment are able to receive it. The primary funding source for public mental health and chemical dependency treatment services is Medicaid, and access to services is severely limited for those who are not eligible for Medicaid. The state recently increased funding for chemical dependency treatment in order to increase access to treatment, but most of this funding is available only for those who qualify for Medicaid. Often the only services available to those who are not on Medicaid are the most expensive services: crisis intervention and hospitalization.
6. King County has the highest cost of living in the state, yet King County receives less mental health funding per person served than many other parts of the state, making it difficult for treatment providers to be able to pay livable wages to their staff and

difficult to attract and keep high quality professionals. Low state payment rates have also resulted in very large caseloads, which limit the ability of staff to provide the best possible care to their clients. In fiscal year 2004, according to the DSHS state-wide publicly funded mental health performance indicator report, King County received $2,996 in mental health funding for every Medicaid-eligible person served, compared to a state-wide average of $3,553 in funding per person served.

7. Juvenile Court has a number of highly effective programs to help youth and their families recover from mental illness and substance abuse. These include Family Treatment Court, Juvenile Drug Court, and Juvenile Treatment Court, in addition to proven best practice programs. Funding is limited, however, and many youth and families are not able to be served by these programs.
8. Adult mental health and drug courts have been proven to be highly effective in engaging individuals in treatment and reducing recidivism. Current programs are at capacity, and there are often waiting lists for treatment programs.
9. The Community Center for Alternative Programs (CCAP) was designed to serve up to 75 individuals, but is now serving approximately 225 individuals – stretching staff, programs and space beyond sustainable limits.
10. There are very limited vocational and employment opportunities available for individuals who are homeless, mentally ill, or chemically dependent. Without employment options, the likelihood for further criminal justice involvement remains high.

Program Recommendations

The following program recommendations reflect current thinking of the work group of county staff regarding what is needed – in order to build upon current successful programs, and to ensure a continuum of services for adults and youth in the mental health, chemical dependency and criminal justice systems.

1. Establish countywide crisis diversion facilities, serving adults and juveniles that divert individuals from criminal/juvenile justice by providing access to needed assessment, stabilization, services and treatment. Include a variety of "front door" access options that emphasize prevention/early intervention.
2. Provide crisis intervention training for the King County Sheriff, other police departments, and jail staff.
3. Maintain and expand therapeutic courts and associated community linkages and services for juvenile offenders. Include expansion of Family Treatment Court, Juvenile Drug Court and Reclaiming Futures.
4. Expand therapeutic courts and associated community linkages and services for adult offenders.
5. Expedite processes involving competency evaluations and restoration to reduce the time individuals remain in jail.
6. Provide access to co-occurring disorder treatment for all people being released from jail who need this type of treatment.
7. Increase capacity and programming at the Community Center for Alternative Programs (CCAP).

8. Provide a variety of appropriate, affordable housing options along with supportive services to help individuals maintain their housing.
9. Provide a wide range of employment opportunities for adults and juveniles who are at risk for involvement in the criminal justice system due to mental illness and/or chemical dependency. Provide mental health/chemical dependency case management services for youth in work training.
10. Reduce caseload size in the mental health system to enable more responsive and intensive services.
11. Increase access to mental health and chemical dependency services for children and adults who are not on Medicaid. Prioritize services for those most in need.
12. Increase access to educational services for youth who are recovering from alcohol and drug abuse, including juvenile justice involved youth.
13. Increase resources for high need youth and their families.
14. Enhance case management for individuals who are chemically dependent.
15. Provide an ongoing "Access to Recovery" program. This grant-funded program, which will lose funding in late 2007, provides access to and payment for a range of treatment and recovery support services that help low-income people succeed in treatment.

Next Steps

While the foundation has been established for many of these programs, and incremental improvements may be possible with dedicated resources from the 2005 Veterans and Human Services Levy and through the Committee to End Homelessness in King County, the recommendations listed above cannot be fully implemented within current resources. For example, countywide crisis diversion facilities that can serve to divert both juveniles and adults from entering the criminal justice system could not be implemented without a significant investment of resources.

Short-term Action Steps

1. The State Mental Health Division received funding from the 2006 State Legislature to begin implementation of Programs for Assertive Community Treatment (PACT) in 2007. King County will receive funding to provide intensive services for up to 200 individuals with severe mental illness, many of whom are homeless and cycle in and out of the jail and hospitals. PACT uses a multi-disciplinary team of professionals to provide high-intensity services that are available 24-hours per day, and is a nationally recognized evidence-based program. The implementation of these teams is expected to reduce jail use by some of the more frequent users of the jail.

2. The Committee to End Homelessness in King County (CEHKC) intends to apply for state funds available under the Homeless Housing and Assistance Act (House Bill 2163). CEHKC plans to submit a proposal for a pilot program that will provide subsidized housing for individuals being discharged from the criminal justice system, Western State Hospital and Harborview Medical Center. Housing would be dedicated to those individuals who are enrolled in PACT services, as described above.

3. MHCADSD is partnering with the Seattle Office of Housing, King County Housing Authority, Seattle Housing Authority, King County Housing and Community Development, United Way of King County and others to help assure that funding for new and renovated housing prioritizes housing for individuals with mental illness and chemical dependency who come into contact with the criminal justice system.

4. MHCADSD received additional state funding in the 2006 state supplemental appropriation, which has allowed for a substantial increase in the number of non-Medicaid eligible people who will be able to receive outpatient mental health services. Services are prioritized for those most in need, but funding is still far below the amount needed to serve those in need.

5. MHCADSD is continuing to work on implementation of its Mental Health Recovery Plan. MHCADSD has contracted with a consultant to help redesign the way that providers are reimbursed for services. The goal is to reward recovery outcomes, including increasing the number of consumers who are employed and in appropriate and stable housing, and decreasing the number of consumers who are hospitalized or incarcerated.